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Bib Data Sheet

CONFIRMATION NO. 2503

|   |   |                                  |   |  |                                |
|---|---|----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/718,498  | <b>FILING DATE</b><br>11/24/2000<br><b>RULE</b> 1.47  | <b>CLASS</b><br>455              | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>367.39322X00 |                                |
| <b>APPLICANTS</b><br>Renford Heaysman, Koshigaya-shi, JAPAN;<br><b>** CONTINUING DATA *****</b><br><i>None BSM</i><br><b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 9927667.7 11/23/1999<br><i>BSM</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/05/2001</b>                                       |   |                                  |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i><br>Verified and Acknowledged <i>BSM</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>7                   | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>020457  |   |                                  |   |  |                                |
| <b>TITLE</b><br>Radiotelephone handset  |   |                                  |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>840   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |